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PTO/SB/17 (12-04v2)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/647,509-Conf. #2705 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number **TRANSMITTAL** August 26, 2003 Filing Date Albert LEE First Named Inventor For FY 2005 **Examiner Name** G. K. Graham

Art Unit

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PA	YMENT	(\$) 260.00		Attomey Docket	No.	1623-0146P		
METHOD OF PAYMEN	NT (check all the	nat apply)						
X Check Credit	Card M	Ioney Order	None	Other (	please ider	ntify):		
X Deposit Account Dep	osit Account Numb	er 02-2448 n	Lenosit Acco	ınt Name:	Birch, St	ewart, Kolasch	& Birch, LL	P
For the above-ider								
	s) indicated bel		1100101 13 1			dicated below, ex	cept for the	filina fee
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x Charge any fee(s) under	37 CFR 1.16	and 1.17	illelik ül	x Credit	any over	payments		
FEE CALCULATION								
1. BASIC FILING, SEARC	-							
112:101220						NATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees Pa	<u>id (\$)</u>
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								mall Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (include							50	25
Each independent claim o		g Reissues)					200 360	100 180
Multiple dependent claims			5 D.	-t-1 (#\)		fultinia Damanda		160
Total Claims Extra Claims Fee (\$) Fee Pald (\$) Multiple Depended  19 -20 = x = Fee (\$)							ee Pai <u>d (\$)</u>	
1920=	× –					<u>ee (\$)</u>	ee r aid (w)	
Indep. Claims Extra	a Claims F	ee (\$)	Fee Pa	aid (\$)		<del></del>		-
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3. APPLICATION SIZE FE				·				
If the specification and d	rawings excee	d 100 sheets o	of paper (	excluding electro	onically f	iled sequence or	computer	
listings under 37 CFR sheets or fraction ther					or small (	entity) for each ac	iditional 50	
	Extra Sheets	( ) ( )	` '	ditional 50 or frac	tion there	of Fee (\$)	Fee Pa	aid (\$)
				round up to a who			= =====================================	
4. OTHER FEE(\$)							Fees P	aid (\$)
Non-English Specifica	tion, \$130 fee	e (no small en	tity disco	unt)				
Other (e.g., late filing surcharge): 2251 Extension for response within first month							60.00	
Additional claims							200.00	
SUBMITTED BY	7	) //						
Signature		<del>' //</del> /	11	Registration No.	43,368	Telephone	(703) 205-	-8000
Name (Print/Type) Paul C. Lewis					Date	May 11, 2006		
Hame (FIRITY ) PE)   Faul C.	FGMID					1	171047 1 1, 4	